

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="margin: 0;">MULTIPLE DEPENDENT CLAIM</p> <p style="margin: 0;">FEE CALCULATION SHEET</p> <p style="margin: 0;">(FOR USE WITH FORM PTO-875)</p> </div> <div style="width: 20%; text-align: center;"> <p>SERIAL NO. 091986155</p> <p>APPLICANT(S)</p> </div> <div style="width: 40%; text-align: right;"> <p>FILING DATE</p> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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41							91						
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43							93						
44							94						
45													
46													
47													
48													
49													
50													
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	92						TOTAL DEP.						
TOTAL CLAIMS	100						TOTAL CLAIMS						